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BOROUGH of RICHMOND

YORKSHIRE.



ANNUAL  
REPORT

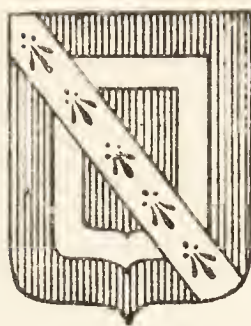
— OF —

JOHN WILLIAMS, M.D.

Medical Officer of Health.

For the Year ended  
31st December, 1934.





BOROUGH OF RICHMOND  
Yorkshire.

ANNUAL REPORT


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John Williams, M.D.,  
Medical Officer of Health

For the year ended 31st December,  
1934,

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# BOROUGH OF RICHMOND

## YORKSHIRE.

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### Report of Medical Officer of Health.

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**To the Chairman and Members of the  
Richmond Urban District Council.**

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you my Report on the health of the Borough for the year ended 31st Dec., 1934. The Report will be an ordinary Report, and will deal more especially with the year under review, as set out in the Ministry of Health Circular, 1417.

The Report shows matters for congratulation on the one hand, and on the other, matters, some of which are serious and demand your immediate attention, and others which although not so immediate, nevertheless require remedying in the interests of the Borough. Allusion has already been made to most of these in previous reports.

With regard to the good points:—

1. No deaths from Whooping Cough (all ages) or Diarrhœa (under two years of age).
2. No deaths from Influenza or other Zymotic Diseases.
3. A higher Birth Rate.
4. A low Infantile Mortality rate.
5. New Water Scheme nearing completion.



With regard to the unsatisfactory features:—

1. No Public Mortuary.
2. Shortage of Houses of a suitable type and rental, *i.e.* Working Class Houses. These are now being provided, but many more are required to comply with the provisions of the Housing Act, 1930.

3. No Public Abattoir. Steps should be taken definitely by the Council to seriously consider the adoption of a Public Abattoir. Complaints are continually being made, although strict observance is being given to existing private slaughter houses, which unfortunately practically adjoin residential property.

The substitution of a public establishment under Municipal control for the private slaughter houses in the Borough would facilitate inspection, protect the animals and do away with a perpetual sanitary nuisance.

4. No action taken to purify the sewage before discharging into the river. This is accentuated by the Corporation extending their Town Planning Scheme to other parts of the town.

The town is developing as a residential centre and has been for the past 9 years. Apart from being a residential town it is a healthy place in which to live—the majority of the people living to a ripe old age. It is to be hoped, therefore, that your Council will seriously consider the above unsatisfactory features and rectify them in due course.

### **Births.**

The total births during the year was 136, of which 68 were males and 68 females. The Birth rate for the year was 25.2 per 1000, that for the previous year was 21.3 per 1000.

The excess of births over deaths, that is the natural increase, was 77.

The Birth rate for England and Wales during 1934 was 14.8 per 1000.

Two of the total Births registered were illegitimate, 2 females. There were eight Still Births registered, 3 males and 5 females. There were NO illegitimate Still Births.

### **Deaths.**

The total number of Deaths during the year from all causes was 59, of which 29 were males and 30 females.

The death rate calculated on a population of 5396 was 10.9 per 1000, that for the previous year being 8.5 per 1000. The death rate for England and Wales during 1934 from all causes was 11.8 per 1000.

### **Infantile Mortality.**

The total number of Infants dying under one year of age was 5, 2 males and 3 females. The Infantile Mortality, which is measured by the proportion of deaths under one year of age to every 1000 births registered, was 36 per 1000. There were no illegitimate deaths. The Infantile Mortality Rate for the previous year was 35 per 1000. The Infantile Mortality Rate for England and Wales was 59 per 1000 during 1934.

It is very satisfactory for me to be able to record a low Infantile Mortality rate. This is in no little measure due to improved Motherhood through the efforts of the Maternity Child Welfare Centre, and to improvements in Housing.

## Causes of Death of Children under 1 year.

CAUSE OF DEATH.				Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	4 Weeks and under 3 Months	3 Months and under 6 Months	6 Months and under 9 Months	9 Months and under 12 Months	Total deaths under 1 year.
Asthenia	...	...	...							1		1
Premature Birth	...	...	...	1								1
Inanition	...	...	...		1							1
Choking	...	...	...								1	1
Measles	...	...	...								1	1
Total	...	...	...	1	1	0	0	0	0	1	2	5

It will be seen from the preceding table that 2 of the 5 infants died when they were under two weeks old. The other three infants were 8, 10 and 11 months respectively. The home conditions in the above cases were satisfactory, and all of them had a fully certified midwife at birth.

In order to keep the rate down, and if possible to further reduce it, mothercraft must still continue to be taught, and home conditions improved wherever possible. Existing dangers must be dealt with, *e.g.* crowded and defective houses, closed windows, etc. There is no doubt that overcrowding is a very potent factor in a high Infantile Mortality rate.

The alleviation of overcrowding is beginning to be felt owing to the increased number of new houses which have been erected. Further progress will have to be made in the erection of new houses for working class people to still further reduce overcrowding which is prevalent and to abolish slum property.



### Natural and Social Conditions of the Area.

Area (in Acres)	Land and Inland Water	2,520
	Land ... ..	2,481
Population (Census, 1931)	... ..	4,769
Population (Midyear, 1934) estimated		5,396
Number of structurally separate dwellings occupied, 1931	... ..	975
Number of inhabited houses (end of 1934) according to Rate Books		1,187
Rateable Value	... ..	£22,493

Actual Product of a Penny Rate, £93, (calculated in accordance with the Produce of Rates and Precept Rules, 1929). Rateable Value per head of population, £4 14s. 3d.

The Borough of Richmond is situated in the North Riding of Yorkshire on the banks of the River Swale in a circular bend which the river takes.

It extends East and West to an approximate distance of  $3\frac{2}{3}$  miles. It is  $\frac{5}{6}$  of a mile in width throughout its most populated part, whilst its Rural portion extends to  $1\frac{1}{2}$  miles. It has an area of 2,481 acres and is bounded by the Rural District of Richmond on all sides.

The soil to the East and South-East is gravel; to the West it is sandy; and to the North and North-East calcareous.

The Town is for the most part built of stone. The surface is hilly, this causing many parts of it to be very steep. The altitude above the sea level of the different parts in feet is as follows, viz.:—

The Beacon, which is the highest point, 1,048.

The inhabited portion of the district at the highest points, viz.:—Pilmoor Hill on the East and Hurgill Estate on the West are respectively about 625 and 700 O.D. Quaker Lane, which runs horizontally through the district, is 453. The Market Square is 450 and the River Swale 320. It will thus be seen from these levels that

Richmond is situated ideally for the disposal of sewage and collection of surface water. The town itself is chiefly residential; there is, however, a Paper Mill which used to employ some 20 hands; at the present time it is not working. The rest of the Borough is Agricultural, the chief occupation being Sheep and Cattle breeding, pasturage and the cultivation of meadow land. With the exception of overcrowding already referred to, the social conditions and occupations of the inhabitants are not unfavourable to the general health.

### Extracts from Vital Statistics of the Year.

#### LIVE BIRTHS :—

		Total	Males	Females	
Legitimate	...	134	68	66	} Birth rate 25.2 per 1000 of the estimated resident population
Illegitimate	..	2	—	2	
		—	—	—	
		136	68	68	

#### STILL BIRTHS :—

Legitimate	...	8	3	5	} Rate per 1000 total (live & still) births
Illegitimate	...	nil	nil	nil	
		—	—	—	55.5
		8	3	5	
Death	...	59	29	30	Death rate 10.9 per 1000 of the estimated resident population.

The corrected Death Rate was 11.2. (Factor for correction 1.03).

Deaths from Puerperal Causes (Headings 29 and 30 of the Register General's Short List)—

	Deaths	Rates per 1000 total (Live and Still) Births
No. 29—Puerperal Sepsis	...	nil
No. 30—Other Puerperal Causes	...	nil
	—	—
Total	...	nil

## Death Rate of Infants under one year of age:—

All Infants per 1000 live births	...	36.7
Legitimate Infants per 1000 legitimate live births	...	37.3
Illegitimate Infants per 1000 illegitimate live births	...	nil
Deaths from Measles (all ages)	...	1
„ „ Whooping Cough (all ages)	...	nil
„ „ Diarrhœa (under 2 years of age)	...	nil

It is indeed gratifying to me again to be able to state that there were **no** deaths from Whooping Cough (all ages) or Diarrhœa (under two years of age). These are amongst the worst diseases which befall infants, and therefore every endeavour should be made to convey, either by house visitation *or* circularisation of the homes, information with regard to the:—

1. Dangers.
2. Importance of efficient and thorough nursing.

**Causes of Death during the Year 1934.**

	Males	Females
Measles	1	
Tuberculosis of Respiratory System	2	2
Cancer, malignant disease	4	6
Diabetes	1	
Cerebral Hæmorrhage, &c.	1	5
Heart Disease	7	3
Other Circulatory Diseases		2
Bronchitis		3
Pneumonia (all forms)	1	1
Other Respiratory Diseases	2	
Other Digestive Diseases	1	
Acute and Chronic Nephritis	3	2
Congenital Debility, Premature Birth, Malformations, &c.	2	2
Senility		1
Suicide	1	1
Other violence	1	1
Other defined Diseases	2	1
Total	29	30



There were no causes of sickness or invalidity which were specially noteworthy during the year. No conditions of occupation or environment appeared to have had any prejudicial effect on the general health of the inhabitants. There was no evidence either that the unemployment, which decreased during the year, had any significant influence on the health of the above.

There was nothing unusual or excessive in the mortality during the year to require any comment, with this exception—that diseases of the Circulation and Heart account for the largest proportion. 18 of the total deaths were due to the heart and blood vessels, or Cerebral Hæmorrhage—the rate per 1000 population being 3.3.

The chief causes of death are still diseases of the Heart and Blood Vessels, Respiratory Diseases and Cancer. The death rate per 1000 population from Pulmonary Tuberculosis, Pneumonia, Influenza, Bronchitis and Cancer was as follows:—

Pulmonary Tuberculosis	...	...	.74
Pneumonia	...	...	.37
Influenza	...	...	nil
Bronchitis	...	...	.55
Cancer	...	...	1.85

The figures for 1933 were as follows: —

Pulmonary Tuberculosis	...	...	nil
Pneumonia	...	...	.95
Influenza	...	...	nil
Bronchitis	...	...	nil
Cancer	...	...	.95

It will be seen from the above figures that the death rate from Cancer shows an increase from the previous year. With regard to Cancer, earlier diagnosis is



essential if the death rate is to be decreased—which means earlier operation or earlier treatment with radium. Propaganda as in the United States would no doubt help in the reduction of the death rate.

Deaths from Cancer and the Circulatory Diseases (Heart and Blood Vessels) appear to be increasing; this seems general throughout the country.

### **General Provisions for Health Services in the Area.**

#### **General.**

There is a Cottage Hospital consisting of two wards and a private ward for accidents and general diseases; a nursing matron and sister being in charge. Extra help is obtained when occasion arises.

The number of patients nursed in the hospital during the year was 100, 64 males and 36 females. The daily average number of patients was 3.6, against 4.5 in the previous year, and the average number of days for each patient 12.5 against 25 in the previous year. There were four deaths.

#### **Midwives.**

The Richmond and District Nursing Association has two fully trained Nurses, each with the C.M.B. The area covered by the Association comprises the Borough of Richmond and the following parishes:—Gilling with Aske, Brompton-on-Swale, Hudswell, Skeeby, Easby, St. Martins, Sleegill and Hartforth.

Number of cases attended by Midwives during the year in the Borough:—

1.	As Midwives	...	...	52
2.	As Maternity Nurses		...	15

Number of cases during the year in which medical aid was summoned by a Midwife under Section 14 (1) of the Midwifery Act, 1918:—26.

Number of women sent by the Council during the year to other Maternity Institutions:—5.

The work of the inspection of Midwives is carried out by the Maternity and Child Welfare Officer (Dr. Dow) for the County Council, they being the supervising authority. Dr. Dow also takes charge of the Ante-natal Clinic, which meets on the first Friday afternoon in each month with the exception of August, which is the holiday month.

Ante-natal work in connection with their own cases is undertaken by the nurses and records are kept.

There is one registered Maternity Home in the Borough. Two cases were admitted during the year. No other applications have been made for registration.

The above Maternity Home is registered for one case at a time.

There are only about two “handiwomen” who still attend odd cases, but with the formation of the above Association their work has materially lessened and will continue to do so.

It is only by skilled advice being available for mothers through these Associations that good results can be obtained. In the course of time, no doubt through the linking up of different Associations, every expectant mother will have the chance of a certified midwife.

With all due respect to the “Handiwomen” of the past, it is to be hoped that in the near future Certified Midwives, **and they only**, will be allowed to attend an expectant mother.

The problem of maternal mortality is a matter of the gravest concern, not only to Health Authorities, but also to the general public. Statistics show that out of every 250 mothers one dies in childbirth (approximately 3,000 mothers dying per annum out of 750,000 giving birth to children).

Ante-natal and post-natal supervision is essential, not only for the welfare of the mother, but also for the future of the child, for after all, the children of today are the generation hereafter.

It behoves us, therefore, as a Maternity and Child Welfare Centre, to do our utmost, not only to safeguard the mother, but also to look after the interests of the child.

### **Clinics and Treatment Centres.**

Eleven meetings of the Ante-natal Clinic were held during the year. 31 mothers attended the clinic and made 66 attendances, or an average attendance of 2.8.

There is no doubt expectant mothers are availing themselves more of the opportunities which are afforded them at the clinic. The Doctors and Midwives do all in their power to advise all expectant mothers to make use of the service which has been provided by the Borough. Some of the expectant mothers appear to be very reluctant to attend the clinic. It is a matter of education and re-education.

Everything is done to help to prevent deaths during childbirth. Arrangements have been made by which cases of abnormal pregnancy or complicated cases can be sent to the Maternity Ward in Greenbank Hospital, Darlington. For ante-natal treatment the Carter Bequest Hospital at Middlesbrough has been utilised.



A Maternity and Child Welfare Centre is provided by the Local Authority, the Meetings are held once a fortnight, the children are weighed at each visit and their respective weights recorded.

The establishment of a Maternity and Child Welfare Centre has met with unqualified success, as is shown by the numbers attending the Centre, which is increasing every year.

Medical Consultations and Examinations are undertaken by the Medical Officer of Health, and advice on feeding, clothing and treatment of minor defects given. Supplies of Virol, Ostermilk, Malt and Cod Liver Oil are obtainable for the children from the Health Visitor when necessary at a reduced rate.

Breast feeding is recommended whenever possible, and every effort is being made by the nurses and the M.O.H. to encourage it in order to minimise so far as possible the danger of Rickets. It is the exception nowadays to see a case of definite Rickets.

Artificially fed babies are recommended Codliver Oil and orange juice as a routine practice.

The total number of children attending the Centre for the year was 1204—the largest number on any single day being 74 during the month of October, the lowest number 28 during the month of January, when it was a cold afternoon. The average for the year being 48 per meeting. The figures for 1933 were 1078, giving an average of 43 per meeting.

Total number of attendances at the centre during the year:—

1. By children under 1 year of age ...	483
2. By children between the ages of 1 and 5 years	721



Total number of children who attended at the centre for the first time during the year:—

- |                                       |         |    |
|---------------------------------------|---------|----|
| 1. Children under 1 year of age       | ...     | 86 |
| 2. Children between the ages of 1 and | 5 years | 10 |

Owing to the increase in the numbers attending the Centre the advisability of weekly meetings, or alternatively, the provision of more accommodation, should be considered.

I am pleased to be able to report that the committee of the Nursing Association are negotiating for the purchase of a plot of land for the purpose of building a Nurses' Hostel, Babies' Welfare and Ante-natal Clinic, and it is to be hoped before long sufficient funds will be forthcoming to enable the building to be commenced. This is a most worthy object and one which should commend itself to all and sundry. Welfare Clinics have no doubt prevented a great deal of disease and saved many lives amongst children.

Tea is provided at a small charge to cover the cost. Thanks are due to the ladies of the committee who take their turn in attending the meetings and help in keeping the registers, and in other ways. Without some voluntary help it would not be possible owing to increasing numbers to carry on the centre. The Health Visitor visits babies as soon after 10 days as possible, and thereafter at regular periods during the first year. The progress of the child is followed continually to five years of age by further visits or by attendance at the Centre.

### **Co-ordination between Maternity and Child Welfare Department and School Medical Service.**

As the children attending the centre reach the age of five years their cards are passed on to the School Medical Officer, and thus there is a direct continuity of their pre-school records.

### **School Clinics.**

An Eye Clinic is held at the Parish Room, any children requiring attention are examined and a report is given to the parents upon which to act.

A Dental Clinic is held in the old Roman Catholic Infant School in Victoria Road. Much good work has been done by this Clinic, the improvement noticed in the children's teeth is continuing each year. The children appear to look forward to the dentist's visit and are not afraid.

An Orthopædic Clinic is also held from time to time in the above School—is well attended, and full advantage is taken of the facilities afforded. Suitable cases are sent to Kirbymoorside Orthopædic Hospital.

The Schools are visited frequently by the School Nurses, who inspect the children and make a report to the County Council, and if necessary the parents are seen and advised to consult their own medical man.

### **Tuberculosis.**

Dispensaries available for treatment of Tubercular cases at Northallerton, South Bank and Scarborough.

### **Venereal Diseases.**

Clinics at Darlington General Hospital, Leeds Infirmary and Scarborough Hospital.

### **Hospitals provided or subsidized by the Local Authority or by the County Council.**

1. Tuberculosis Sanatoria—Beds provided by the County Council.
  - (a) Adults. Pulmonary Tuberculosis.  
Wensleydale Sanatorium, Aysgarth.
  - (b) Children. Non-Pulmonary Tuberculosis.  
Morris Grange, Stannington S.

2. Maternity—None.

3. Children—None.

4. Fever—There is an Isolation Hospital within the Borough which is supported wholly by the Council, consisting of two separate buildings connected by a corridor. The one is stone built and slated, the other timber built with corrugated iron sheeting outside.

Owing to arrangements which exist with the Richmond Rural District Council, cases from the Rural Area can be admitted. Fifteen cases were admitted during the year.

25 cases of Scarlet Fever were treated during the year—10 from the Borough, the remaining 15 being from the Rural District.

With regard to the Borough cases, 3 were adults, the remaining 10 being children. All the cases were mild in character, and there were no complications. There was no special period in the year during which the cases occurred. No definite connection could be traced between any of them—all appeared to be isolated cases.

The Rural cases were admitted from Caldwell, Aldbrough St. John, Gilling, Catterick, Marske, East Layton, North Cowton and Morris Grange. Here again, as in the Borough, the cases were isolated ones, being notified from all parts of the district, no special part of the district being more affected than any other.

There were **no** deaths from Scarlet Fever.

**No** cases of Diphtheria were notified during the year.

Plans for the extension of the Hospital are under consideration, but owing to administrative changes in the Health Services they are held in abeyance for the time being.

A fully trained Nurse is in constant charge. The Medical Officer of Health is the Medical Superintendent.



5. Small Pox—In the event of an outbreak of Small Pox the Local Authority have made provision for an Isolation Hospital at the Grand Stand on the Old Racecourse. The Rural District Council give a yearly grant for the use of this Hospital should occasion arise.

No cases were notified during the year.

The Richmond House makes provision for unmarried mothers or homeless children.

There is no Public Mortuary in the town, which is to be deprecated, and although the question of having one has been raised on many occasions, the matter has been shelved. The want of a Public Mortuary has been emphasised again and again, and allusions in previous reports has often been made. As it is when occasion arises either the one at the Victoria Hospital or the one at the Richmond House has to be used. Difficulties arise in both cases, and it is quite time the Borough had one of its own. It is to be hoped that this will be the last time I shall have to draw your attention to this matter.

### **Maternal Mortality.**

Should any cases occur, these are investigated by the Medical Officer of Health and reported to the Ministry of Health. No deaths from child-birth occurred during the year.

Mothers each year are beginning to realise the dangers of child-birth owing to being more informed at the clinics which are at their disposal. Ante-natal care no doubt plays a very important part in reducing the maternal mortality rate.

Cases of Puerperal Fever are sent to the Isolation Hospital, Darlington. Two cases of Puerperal Pyrexia were notified during the year, one of which was sent to the Isolation Hospital, Darlington.



### **Health Visiting.**

Children between the ages of 1 and 5 years are visited by the Health Visitor periodically or oftener should occasion arise.

### **Ambulance Facilities.**

(a)—For Infectious Cases.

A Motor Ambulance is used in the conveyance of Infectious cases to the Isolation Hospital. The risk of further infection is minimised with quick transport, and disinfection can be carried out immediately.

(b)—For Non-Infectious and Accident Cases.

A Motor Ambulance is supplied under arrangement made by the British Red Cross Society and is stationed at Richmond.

### **Public Health Officers of the Local Authority.**

The staff consists of a part time Medical Officer of Health who is also M.O. of Health to the Richmond Rural District Council. A Sanitary Inspector and Surveyor, who is a whole time officer and holds the certificate of Sanitary Inspector and is a member of the Royal Sanitary Institute. A Nurse Matron at the Isolation Hospital.

### **Legislation in Force.**

1. Public Health Acts (Amendment) Act 1890.  
Parts III. & IV. Date of adoption, 8-2-06.
2. Public Health Acts (Amendment) 1907.  
Parts II. to VI. inclusive. Date of adoption 14-8-13.
3. Public Health Act, 1925.  
Parts II., III., IV. & V. Date of adoption 11-2-26.
4. Infectious Diseases (Notification of) Order 1924.

## Sanitary Circumstances of the Area.

### Water.

The Water supply of the Borough comes from two springs about  $1\frac{1}{2}$  miles apart, and is conveyed in metal pipes direct from its source to covered reservoirs without any exposure to air unless through accident, such as a defective main or service pipe. The sources of supply are Aislabeck and Coalsgarth.

In addition, the new scheme from Clapgate Springs which received the approval of the Ministry of Health, is nearing completion and shortly will be turned into the town.

The consumption of the Borough is approximately 240,000 gallons per 24 hours, this is allowing for building operations, garages, gardens and domestic use.

During the past 9 years upwards of 400 houses have been built by municipal and private enterprise, and in addition many baths, W.C's, wash basins and sinks have been put into old property, hence an additional supply was imperative.

The following table shows the number of baths, wash basins, sinks, etc., which were put in during the year to old property:—

Baths	Wash Basins	Sinks
2	3	2

and in addition 7 mains type water softeners were installed.

The supply to the Borough was augmented by taking a 3ins. main from the new 6ins. main from Feldom in September. If it had not been for this extra supply, the Borough would have been very short of water owing to the increasing population and the droughty summer which was experienced, following as it did on two droughty years, 1933 and 1932.

There has been no shortage of water since, other than when making connections from new to existing mains, which was imperative and soon rectified. The supply is adequate under all conditions and for all purposes for existing layout schemes.

The following table shows the Rainfall in the Borough for the past 8 years:—

1927	...	...	38.03ins.
1928	...	...	36.34ins.
1929	...	...	23.90ins.
1930	...	...	40.16ins.
1931	...	...	27.43ins.
1932	...	...	23.47ins.
1933	...	...	22.48ins.
1934	...	...	27.07ins.

#### **Rainfall during 1934.**

January	2.48 in.	July	1.07 in.
February	.25 in.	August	2.00 in.
March	2.63 in.	September	1.54 in.
April	3.58 in.	October	2.98 in.
May	1.44 in.	November	1.91 in.
June	1.32 in.	December	5.87 in.

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27.07 in.

It will be seen that the highest rainfall was in Dec., 5.87ins., and the lowest in Feb., .25 in. The greatest amount of rain registered on any one day was .8in. on Dec. 5th. According to the above figures the approximate weight of rainfall in the Borough during the year equals 6,889,856.4 tons. The rainfall for the first six months was 11.70ins., and for the last six months 15.37ins.

The figures for the previous year were 22.48ins.

The following table shows the Rainfall for the Borough for the first 6 months in this year and in 1934, 1933 and 1932:—

	1935	1934	1933	1932
January	2.00in.	2.48in.	2.26in.	1.55in.
February	2.97in.	.25in.	2.10in.	.63in.
March	.81in.	2.63in.	2.16in.	2.04in.
April	2.00in.	3.58in.	1.36in.	1.46in.
May	.66in.	1.44in.	3.33in.	3.85in.
June	2.76in.	1.32in.	1.86in.	1.60in.
	<hr/> 11.20in.	<hr/> 11.70in	<hr/> 13.07in.	<hr/> 11.13in.

It will be seen from the above figures the marked shortage of rain which occurred in the early months of the present year. The dry season of last year and its effect on the water supplies is well known.

The total rainfall for the six months of this year was 11.20in. against 11.70in. in 1934.

I am indebted to Mr. Robert Hornby, Headmaster of the C. of E. School, for the above rainfall details.

### **Drainage.**

All the sewers discharge at various points of the river, the outlets are, however, some distance apart—rather over a mile from the highest to the lowest point. There is not a great amount of sewage discharged at any one point, hence there is no great nuisance and there has been no complaints.

Special attention was given to the sewer outfalls during the drougthy weather which was experienced during the year. This was necessary, not only on account of the water shortage, but also because the river flow was reduced in consequence.



It is essential that all gullies and sewers during a drougthy period should be cleaned out, flushed and disinfected. The dry seasons of 1932, 1933 and 1934 have necessitated the above measures being carried out, otherwise the traps become unsealed and sewer gases allowed to escape.

Owing to the formation of the town and its surroundings there is no land which could be used satisfactorily for irrigation purposes nearer than two miles, without creating a nuisance. I am hoping, however, owing to the population increasing, some scheme will be devised whereby the crude sewage can be treated before it is turned into the river. It is a matter which demands your very careful attention in the near future. The town is dependent upon the water carriage system for the disposal of excreta; the conservative system has been done away with except in the outlying parts of the Borough which are beyond the reach of the sewers.

No privies are now in existence in the Urban part of the town.

### **Scavenging.**

The majority of the houses are now all provided with covered Ashbins, which are emptied once weekly, and the refuse, etc., taken to the Corporation tip situated on Reeth Road. This is carried out by means of a covered motor lorry and a covered cart and is very satisfactory. A man is in attendance at the tip on scavenging days to clean and tidy up.

I would like to see the tip screened on the south and east sides by trees so that little of it could be seen from the road, which is much frequented. This would also minimise the smell, which is noticeable when the wind is in certain directions. The smaller tip adjacent to the

road should be done away with altogether and shrubs planted.

Every effort is made to encourage householders to burn refuse, and if householders would consume as much as possible whatever can be burnt it would certainly lighten the labour of collection. Complaints have been made with regard to the contents of the ashbins. Householders seem to be of the opinion that the ashbins are to be used as a receptacle for any kind of matter—this applies more especially to those who have gardens attached to their houses.

The ashbins should be:—

1. Periodically cleaned.
2. Should not be left in the street uncovered.
3. Should be removed from the street immediately they have been emptied.

The smell from some of the ashbins during the day is most objectionable. So much so that it is a question whether it would not be worth the consideration of the Council adopting a 6 months' trial of collecting the household refuse after 9 p.m. This would naturally to a great extent obviate the above nuisance and would minimise the danger of Infectious Disease.

The above suggestion was mentioned in my Reports for 1931, 1932 and 1933, but as yet has not been tried.

The Ash Rate to my mind should be dispensed with as an individual item and the rate charged in the general rate. This would obviate the dumping of refuse in gardens, etc., and thus from a sanitary point of view would be in the interests of the inhabitants. There are still some ratepayers who do not pay the above rate, but if it was put in the general rate they would be obliged to do so. A good many of these people do get their ashes taken away either by bins of their own or by dumping them in other ratepayers' bins. To obviate this I would

suggest the cartmen and the lorry driver be given a list of all ratepayers paying the ash rate.

The market place and main thoroughfares are well scavenged. The surface drains are cleaned out and the road surfaces tar dressed so as to reduce the production of dust to a minimum.

### **Factories and Workshops Act, 1901.**

The Workshops and Workplaces have been periodically inspected and found satisfactory. The special report has been forwarded to the authorities. The following is the summary of the work carried out during the year.

#### **Report.**

1.—Inspection of Factories, Workshops and Workplaces, including Inspections made by the Sanitary Inspector :—

Premises	Inspections	Number of Written Notices	Occupiers Prosecuted
Factories	... 5	nil	nil
Workshops	... 42	1	nil
Workplaces	... 26	nil	nil
	—	—	—
	73	1	nil

2.—Defects found in Factories, Workshops and Workplaces. Nuisances under Public Health Acts :—

Particulars	Found	Remedied	Referred to H.M. Insp.	No. of Offences in resp. of which prosecutions were instituted
Want of Cleanliness	2	2	—	—
Want of Ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of Floors	—	—	—	—
Other Nuisances	—	—	—	—
Sanitary Accommodation :—				
Insufficient	—	—	—	—
Unsuitable or defective	—	—	—	—
Not separate for sexes	—	—	—	—
Offences under Factories and Workshops Acts and other offences	—	—	—	—
	—	—	—	—
Total	2	2	nil	nil



The following is a list of the various Industries coming under the Act:—

Blacksmiths	...	2	Wine Bottling, &c.	1
Tailoring	...	3	Bread & Confectionery	3
Saddlery	...	1	Implements	1
Plumbing	...	2	Sausages	1
Joinery	...	3	Gas & Ammonia	
Cycle Repairing	...	1	Sulphate	1
Boot & Shoe Repairing		1	Saw Mill	1
Bottling (Beer & Wine)		1	Electricity	1
Motor Repairs	...	5	Dress	2
Printing	...	3	Photos	2
Paper Making	...	1		

### Sanitary Inspection of the Area.

#### Schools.

The Public Elementary Schools were regularly visited during the year, and the sanitary conditions and water supply were regularly inspected and found satisfactory.

#### MEMORANDUM ON CLOSURE AND EXCLUSION FROM SCHOOL, 1930.

There is close co-operation between the Authorities concerned with respect to infectious diseases, and every precaution is taken to prevent their spreading. The rules of the Board of Education respecting contacts and exclusion from schools are carried out. Valuable help in this direction has been given by the School Teachers, the School Nurses and the School Attendance Officer. The Head Teachers of the various schools notify cases of suspected or definite infectious disease. These notifications are useful in the cases of Measles or Whooping Cough, which are not notifiable in the Borough.

The co-operation of the School Attendance Officer is of great value, for when investigating cases of absence



from School cases of illness are referred to the M.O.H. if medical attention is not being obtained.

No schools were closed during the year.

### **Housing.**

Eighty houses have been completed during the year by private enterprise.

With regard to overcrowding, the shortage of houses for working class people at a rental which they can afford remains the same. Accommodation is often inadequate, and, as the families grow up, becomes more and more marked.

There is a scarcity of suitable houses in the town for the working class, some being wanted also to replace unfit houses. The poorer class cannot build houses of their own accord and are therefore entirely dependent on municipal or private enterprise.

The scarcity of suitable houses affects the repairing and condemning of old and dilapidated property, which cannot at the moment be dealt with, but which will have to be attended to as soon as other accommodation is available.

During the last 9 years, upwards of 400 houses have been built in the Borough, but so far as working class people are concerned the position at the present time is very little, if at all, altered, in fact it has hardly been touched.

Under the 1930 Act one clearance area and some individual houses were scheduled for demolition. The clearance area was Anchorage Place, consisting of a block of six houses—damp, badly arranged, and owing to general disrepair and lack of amenities, were considered injurious to the health of the inhabitants. These houses

fell below a reasonable standard and could not be rendered fit at a reasonable cost. An enquiry was held and the order has since been confirmed by the Ministry of Health.

Demolition Orders have been served on three houses situated in a small yard off Bargate.

The above people who will be displaced will be accommodated in the new building scheme in the old Tan Yard on the Green, which consists of two blocks of houses:—

- (a) One block of four 2-bedroom type houses.
- (b) One block of five 3-bedroom type houses.

No real slum areas can be said to exist in the Borough, but there are a number of houses, old-fashioned in appearance, with either an up and a down or two up and two down. These are mostly in rows and with a common yard.

The houses alluded to fall below a reasonable standard and because of their age and disrepair, together with lack of amenities, are in my opinion unfit for human habitation and cannot be rendered fit at a reasonable cost.

These will certainly receive very careful attention with a view to improvements or otherwise under the 1930 Act. The common yards are often cobbled or badly paved, shut in, devoid of sunlight and neither conducive to health nor happiness.

The Act makes provision for dealing with these unhealthy areas either by repair or demolition, and it is your duty as a Local Authority to see that the Act is carried out. Very little has been done in the past for the housing of our workpeople, and yet in many instances exorbitant rents are being charged for bad houses with little or no accommodation and no outlook. Surely they deserve a healthy house amidst healthy surroundings and

at a rent which they can afford to pay. The rent is a most important factor, for if it is in excess of the earning capacity of the individual, the tendency will be to create slums, which is the very thing we are trying to prevent. Poverty makes slums, and so we get starvation followed by sickness and disease.

### **Housing Statistics for Year 1934.**

Number of new houses erected during the year:—

Total ... 80.

1. Inspection of dwelling houses during year:

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) ... 95

(b) Number of inspections made for the purpose ... 95

(2) (a) Number of dwelling houses included under sub-head (1) above which were inspected and recorded under the Housing Consolidated Regulations, 1925. 51

(b) Number of inspections made for the purpose ... 51

(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation. ... 9

(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ... 2

2. Remedy of Defects during the year without Service of formal notices:—

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers ... nil



## 3. Action under Statutory Powers during the year :—

## A.—Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930 :

- |   |     |     |
|---|-----|-----|
| (1) Number of dwelling houses in respect of which notices were served requiring repairs | ... | 2   |
| (2) Number of dwelling houses which were rendered fit after service of formal notices   |     |     |
| (a) By owners   | ... | nil |
| (b) By local authority in default of owners   | ... | nil |

## B.—Proceedings under Public Health Acts :

- |  |     |     |
|--|-----|-----|
| (1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied | ... | 26  |
| (2) Number of dwelling houses in which defects were remedied after service of formal notices :—        |     |     |
| (a) By owners  | ... | 26  |
| (b) By local authority in default of Owners  | ... | nil |

## C.—Proceedings under Sections 19 and 21 of the Housing Act, 1930 :—

- |   |     |     |
|---|-----|-----|
| (1) Number of dwelling houses in respect of which Demolition Orders were made | ... | 9   |
| (2) Number of dwelling houses demolished in pursuance of Demolition Orders    | ... | nil |

## D.—Proceedings under Section 20 of the Housing Act, 1930 :—

- |   |     |     |
|---|-----|-----|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made  | ... | nil |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit | ... | nil |



### Summary of Notices served by the Borough Surveyor and Sanitary Inspector.

Defective Spouts and Roofs	...	...	...	1
Houses disinfected and inspected after Infectious Diseases	...	...	...	15
Defective Drains and W.C's		...	...	2
Defective Ashbins	...	...	...	22
Accumulation of Manure	...	...	...	2
Dirty Houses	...	...	...	1
Food seized and destroyed	...	...	...	1
				—
		Total	...	44

These were all informal notices and were complied with.

Demolition Orders were:—

Anchorage Place, Nos. 2, 3, 4, 5, 6 and 7—6

Bargate, Nos. 28a, 28b and 28c—3

Total ... 9

### Inspection and Supervision of Foods.

The greater part of the Milk consumed in the Borough is supplied by farmers living in the Borough or just outside.

The milk is delivered twice daily by the majority of them.

There are 12 Registered Purveyors of milk in the Borough, 4 Wholesale Traders and Purveyors and 1 Registered Dairy.

The provision of milk during the morning at some of the elementary schools has proved a boon and very beneficial. One third of a pint is supplied in capped bottles and the cost to the children is a halfpenny. It is to be hoped that the fullest advantage will be taken of this concession.

The farms and dairies have been periodically inspected. General improvement is seen all round, not only in the byres and utensils but also in the cattle.

The health of the cows is of great importance, and it is the duty of the inspectors to examine them so that the supplies from any diseased animals can be stopped.

The need for scrupulous cleanliness in everything connected with the Milk Trade is obvious. Sterilised containers should be used and these should be stored under suitable temperature conditions.

With regard to the grading of Milk, I cannot say that this is a success so far as the general public are concerned, the prevalent idea being that because milk can be bought in a bottle then it is tantamount to Grade "A." This is a most erroneous idea, and under the present system of gradation will continue. I am of the opinion that there should be two grades of milk, tested and untested, and all milk should be sold in bottles and labelled plainly "tested" or "untested." In this manner the public will be safeguarded, for there is no doubt that untested milk is a source of danger, especially to infants and invalids.

All bottles should be cleansed and sterilised by steam before they are refilled. If this is not practicable, then "cartons" instead of bottles should be used.

If Tubercle free Milk cannot be obtained there is no other measure left but Pasteurisation. This method, however, calls for special plant and supervision and can only be carried out satisfactorily in a communal establishment. The essentials of Pasteurisation are the heating of the Milk to a temperature of 150° F. for half an hour, followed by its immediate cooling below 55° F. So far

as children are concerned it is advisable that either (1) Certified or (2) Grade A. T.T. Milk should be used, both of which can be considered safe.

If the above cannot be obtained and Pasteurised Milk cannot be bought, then ungraded milk might be used after heating in a double saucepan to a temperature just below boiling point.

### **Meat.**

Every facility is allowed for the Inspection of Carcases at the time of slaughter. The slaughter houses have been visited regularly and have been kept in a clean condition.

A defective foreign case of cooked ham was examined and found unfit for human consumption, and so was destroyed.

Limewashing is carried out periodically, and more attention has been given to the removal of refuse. The standard of cattle used for human consumption is good, Every care is taken that no unsound meat is offered for sale Under the Public Health (Meat) Regulations, 1924, the Butchers are under an obligation to notify the Meat Inspector of any disease or suspected disease found. Tuberculous cattle when found are at once isolated and ordered to be destroyed. None were found during the year.

No meat is now displayed unprotected outside the Butchers' premises.

The Shops, Stalls, Stores and Vehicles have been inspected frequently, and are for the most part satisfactory. The interiors of the shops, including counters, blocks, knives and other implements used are kept in a clean condition. Trimmings and refuse are kept in proper receptacles and regularly removed.

The Stalls in the Covered Market have been periodically inspected and are kept in a clean condition.



### **Other Foods.**

The sanitary conditions of the premises where foods are prepared or exposed for sale have been regularly inspected and found satisfactory. No food was condemned during the year. The bakehouses have been frequently inspected by the Sanitary Inspector and faults remedied where found. They are lime-washed twice yearly as required by Section 99 of the Factory and Workshops Act.

No cases of food poisoning have been brought to my notice during the year.

### **Prevalence and Control over Infectious Diseases.**

12 cases of Scarlet Fever were notified during the year. 10 of these cases were removed to the Isolation Hospital. The other two cases were treated in their own homes, as efficient isolation could be carried out.

The cases were mild in character and without any serious complications.

No cases of Diphtheria were notified during the year.

The usual sources of spreading infection are the Schools and Cinemas and places where children congregate. There is still a lack of responsibility, and exposure of children who are infected in public, in such diseases as Measles, Chicken Pox and Whooping Cough is frequent.

All houses where cases of infectious disease have been notified are visited and full investigations made with a view to:—

1. Tracing the cause of infection.
2. Ascertaining if there are any contacts.

Appropriate measures are always taken to prevent the spread. The premises are inspected and notices are served for defects where found.

All infected bedding and clothing is removed from infected houses and disinfected by steam.



The houses are disinfected by formalin and S.O<sub>2</sub> gas.

Diphtheria Antitoxin is supplied free of charge by the Local Authority to the Medical Practitioners practising in the District when required.

Bacteriological examinations of throat swabs are made for the Medical Practitioners by the Clinical Research Association, London, in regard to Diphtheria.

The County Council have made arrangements for the Bacteriological examination of specimens of sputum in cases of Pulmonary Tuberculosis.

Influenza vaccines are provided by the County Council to the Medical Officer of Health for distribution to Practitioners where necessary.

Disinfection is also carried out following deaths from Cancer and Tuberculosis.

To reduce infectious diseases the exciting cause must be dealt with, and of these overcrowding and defective houses are the chief.

Toxoid Antitoxin has been used in private cases to immunise against Diphtheria, but as yet it has not been employed to any great extent.

Immunization against Scarlet Fever has been done in a few private cases, but has not been universally adopted.

### **Notifiable Diseases during the Year 1934.**

DISEASE		Total Cases notified	Cases admitted to Hospital	Total Deaths
Small Pox	...	... nil	nil	nil
Scarlet Fever	...	... 12	10	nil
Diphtheria	...	... nil	nil	nil
Enteric Fever (including Paratyphoid)		nil	nil	nil
Puerperal Fever	...	... nil	nil	nil
Puerperal Pyrexia	...	... 2	1	nil
Pneumonia	...	... 5	nil	2
Erysipelas	...	... 3	nil	nil

### Prevention of Blindness.

No action taken under Section 66 of the Public Health Amendment Act, 1925, for the prevention of blindness or for the treatment of persons suffering from any disease or injury to the eyes.

One case of Ophthalmia Neonatorum was notified during the year.

There were no deaths during the year from Zymotic Diseases, in which category are included Diphtheria, Typhoid Fever, Scarlet Fever, Small Pox, Diarrhœa and Whooping Cough.

### Tuberculosis.

#### New Cases and Mortality during 1934.

AGE PERIODS.  AGES.	NEW CASES.				DEATHS.			
	Respiratory		Non Respiratory		Respiratory		Non Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ...	—	—	—	—	—	—	—	—
1 and under 5 years ...	—	—	—	—	—	—	—	—
5 and under 15 years ...	—	—	—	—	—	—	—	—
15 and under 25 years ...	—	—	—	—	—	—	—	—
25 and under 35 years ...	—	—	—	—	—	—	—	—
35 and under 45 years ...	—	—	—	—	1	—	—	—
45 and under 55 years ...	1	—	—	—	1	—	—	—
55 and under 65 years ...	—	—	—	—	—	1	—	—
65 years and upwards ...	—	—	—	—	—	1	—	—
TOTAL ...	1	—	—	—	2	2	—	—

The death rate from Pulmonary Tuberculosis was .74, and that from all cases of Tuberculosis .74.

## **Public Health (Prevention of Tuberculosis) Regulations, 1925.**

No notification has been received of any Tubercular employees in connection with the Milk Trade, therefore no action was necessary.

### **Public Health Act, 1925, Section 62.**

No action was taken by the Council under the above Section where power is given for the compulsory removal to hospital of urgent cases of Pulmonary Tuberculosis if proper isolation is not possible at home.

All cases reported are officially notified to the Medical Officer of Health for the County and the Medical Officer of Health weekly. A Quarterly return is also sent to the County Medical Officer.

Under the Public Health (Tuberculosis) Regulations 1912, all cases of Tuberculosis, whether Pulmonary or Non-Pulmonary, must be promptly notified. The question is certainly receiving more attention than hitherto, but deaths from Tuberculosis do occur where the case has not been notified. Without early notification no preventive scheme can be a great deal of use. In the case of patients returning from Sanatoria difficulties arise owing to the necessary isolation which is required and which cannot be obtained in many cases owing to the condition of the houses and lack of fresh air due to the locality. In such cases more suitable accommodation is recommended and offered wherever possible.

### **Electric Lighting.**

1251 consumers were on the books at the close of the year: 786 of these were ordinary consumers, 465 having slot meters.

My thanks are due to the Staff who have worked loyally with me, to the Head Teachers of the various Schools, to the School Attendance Officer, the School Nurses, and the Chairman and Members of the Sanitary Committee for their co-operation and help at all times.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

JOHN WILLIAMS, M.D.



